MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. / 523617 FILING DATE

CLAIMS

	AS FILED		AFTER		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						<u> </u>
5				-		<u> </u>
6				'i		
7						
8						
9						
10						
11						
12				J		
13						
14				-		
15 16						
17						
18				\dashv		
19				\dashv		
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						-
30				-		
31 32						
33				1		
33				-		
35						
36				-}		L
37			7			
38				Ä	,	
39				$\overline{}$		
40				/		
41						
42						
43				/		
44				\longleftarrow		<u>.</u>
45			/	ackslash		
46			/_	+		
47			/	\rightarrow		
48			/	-		
49			/			
50						
TOTAL IND.		- ♣		₩		•
		4		_		_
TOTAL DEP.		T		-		_
I O I VE DEL						
TOTAL		المينور				
$\overline{}$						